

AMENDED IN SENATE AUGUST 2, 2016

AMENDED IN SENATE MAY 3, 2016

AMENDED IN SENATE JULY 15, 2015

AMENDED IN ASSEMBLY MAY 4, 2015

AMENDED IN ASSEMBLY APRIL 20, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1051

Introduced by Assembly Member Maienschein

(Principal coauthors: Assembly Members Lackey, Steinorth, and Waldron)

(Principal coauthor: Senator Nielsen)

(Coauthors: Assembly Members Bigelow, Chang, Chávez, Dahle, Gallagher, Jones, Kim, Linder, Mathis, Mayes, Olsen, and Wilk)

(Coauthors: Senators Anderson, Bates, Berryhill, Cannella, Fuller, Huff, Nguyen, Stone, and Vidak)

February 26, 2015

An act relating to ~~Medi-Cal, and making an appropriation therefor.~~
Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1051, as amended, Maienschein. ~~Denti-Cal program.~~ *program: reimbursement rates.*

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal

Medicaid program provisions. Existing law provides for a schedule of benefits provided under the Medi-Cal program, which includes certain dental services that are referred to as Denti-Cal.

~~This bill would appropriate \$200,000,000 from the General Fund to the State Department of Health Care Services for the Denti-Cal program. The bill would require the department~~ *State Department of Health Care Services to allocate these funds to, among other things, increase funding for preventative care and case management services, as appropriate, to achieve significant long-term cost savings, increased provider participation, and increased beneficiary utilization under the Denti-Cal program. increase Denti-Cal provider reimbursement rates for the 15 most common prevention, treatment, and oral evaluation services to the regional average commercial rates, effective January 1, 2017.*

Vote: $\frac{2}{3}$ -majority. Appropriation: ~~yes-no~~. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) California's Medicaid dental program, Denti-Cal, is charged
- 4 with providing an adequate level of dental coverage to 13 million
- 5 low-income Californians, including five million children.
- 6 (b) Dental care, particularly preventative care, can have
- 7 significant long-term impacts. Tooth decay and disease are
- 8 associated with pregnancy risks, diabetes, and respiratory and heart
- 9 disease. Additionally, a lack of access to dental care among
- 10 children can result in missed school days, and ultimately poorer
- 11 academic performance.
- 12 (c) Denti-Cal, as currently implemented and funded, is a failure.
- 13 Just 37.8 percent of California's five million Denti-Cal-eligible
- 14 children saw a dentist in the 2014 calendar year.
- 15 (d) The Milton Marks "Little Hoover" Commission on California
- 16 State Government Organization and Efficiency and the California
- 17 State Auditor both note these low utilization rates, which stem
- 18 from a lack of providers and an uneven distribution of those
- 19 providers that do participate in the Denti-Cal program. Five
- 20 counties have no providers, and 14 counties only have providers
- 21 that are not accepting new patients.

1 (e) The lack of providers is partly a result of low reimbursement
2 rates, which are typically one-third to one-half of the national
3 average for common procedures.

4 SEC. 2. (a) ~~The sum of two hundred million dollars~~
5 ~~(\$200,000,000) is hereby appropriated from the General Fund to~~
6 ~~the State Department of Health Care Services for the Denti-Cal~~
7 ~~program. The~~ *It is the* intent of the Legislature ~~is~~ to attract and
8 retain more *Denti-Cal* providers, with an emphasis on underserved
9 areas, and to increase utilization of the program.

10 (b) ~~The~~ *Effective January 1, 2017, the* State Department of
11 Health Care Services shall ~~allocate the funds appropriated in~~
12 ~~subdivision (a), as appropriate, to accomplish both of the following:~~

13 ~~(1) Increase~~ *increase* *Denti-Cal* provider reimbursement rates
14 for the 15 most common prevention, treatment, and oral evaluation
15 services to the ~~Medicaid national average.~~ *regional average*
16 *commercial rates.*

17 ~~(2) Increase funding for preventative care and case management~~
18 ~~services, as appropriate, to achieve significant long-term cost~~
19 ~~savings, increased provider participation, and increased beneficiary~~
20 ~~utilization under the program.~~

21 (c) ~~Any funds remaining after the allocation specified in~~
22 ~~subdivision (b) shall be allocated to other uses that further the~~
23 ~~intent of the Legislature, as described in subdivision (a), including,~~
24 ~~but not limited to, increasing additional reimbursement rates to~~
25 ~~the national average.~~